

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to 11-18-02

* 01-348
Gary M Epstein
Latham & Watkins
555 11th Street, N.W.
Suite 1000
Washington, DC 20036

2 Article Number (Copy from service label)

0023 0771 3235

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Chris NAWAAT

C Signature

X [Signature]☐ Agent☐ AddresseeD Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below. ☐ No

3 Service Type

☐ Certified Mail ☐ Express Mail☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.

4 Restricted Delivery? (Extra Fee)

☐ YesDOCKET NO. 01-348

CERTIFIED

MAIL

RETURN

RECEIPT

NAME:

Gary M Epstein
Latham & Watkins
555 11th Street, N.W.
Suite 1000
Washington, DC 20036

BY

| |
|--------------------|
| ORDER DATED |
| <u>11-18-02</u> |
| <u>02M-104</u> |
| FCC <u>02M-103</u> |
| MIMEOGRAPH NO. |

| |
|-----------------------------------|
| RECEIVED & INSPECTED REQUESTED |
| <u>NOV 22 2002</u> |
| FCC-MAILROOM |

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage

\$ 60

Certified Fee

2.30Return Receipt Fee
(Endorsement Required)1.75Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$ 4.65Postmark
Here11-18-02
01-34804C203

Name (Please Print Clearly) (To be completed by mailer)

GARY M. EPSTEIN

Street, Apt. No., or P.O. Box No.

555 11th Street, N.W.Suite 1000

City, State ZIP+4

Washington DC 20036

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 3235